

PULMONARY DISEASE QUESTIONNAIRE

This questionnaire deals with your health and that of your family. Please answer in PENCIL as completely and accurately as possible. There will be a later opportunity to view the answers with an interviewer so that any confusing questions can be clarified. The questions are of two types. Some questions require that the answer be PRINTED on the designated line. Others require that you CIRCLE the correct answer. For example, a man would answer

SEX:

(1) Male

2) Female

1. NAME _____

2. ADDRESS: STREET _____

CITY, STATE _____

ZIP _____ PHONE # _____

3. BIRTHDATE: MONTH _____ DATE _____ YEAR _____

4. SEX: A) MALE B) FEMALE

5. MARITAL: A) MARRIED NOW B) NEVER MARRIED C) SEPARATED

D) DIVORCED E) WIDOWED

6. BORN IN: A) USA B) EUROPE C) ASIA D) AFRICA

E) OTHER NORTH OR SOUTH AMERICA F) OTHER

6a. PLACES OF RESIDENCE (PLEASE LIST ALL CITIES WHERE YOU HAVE RESIDED AND YEARS OF

RESIDENCE: _____

7. HEIGHT _____ 8. WEIGHT _____

9. OCCUPATION: WHAT IS YOUR JOB? _____

HOW MANY YEARS ON THIS JOB? _____

HAVE YOU DONE OTHER TYPES OF WORK BEFORE? A) YES B) NO

IF YES, LIST THEM AND YEARS WORKED.

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DO OR DID ANY OF THESE JOBS OR YOUR HOBBIES INVOLVE (CIRCLE ALL THOSE THAT APPLY)

- A) BREATHING DUST B) BREATHING PAINTS OR FUMES C) WELDING
 D) FOUNDRY WORK E) MINING F) SOLVENTS G) PESTICIDES
 H) RADIOACTIVITY I) WORK THAT CAN PRODUCE DISEASE OF LUNGS
 J) EXPOSURE TO HAIRSPRAY OR OTHER AEROSOL SPRAYS

10. EDUCATION: HIGHEST GRADE A) NONE B) GRAMMAR SCHOOL
 C) HIGH SCHOOL D) COLLEGE E) GRADUATE SCHOOL

11a. DO YOU USUALLY COUGH FIRST THING IN THE MORNING IN THE BAD WEATHER? A) YES B) NO

b. DO YOU USUALLY COUGH AT OTHER TIMES DURING THE DAY OR NIGHT IN THE BAD WEATHER?

- A) YES B) NO

IF YES TO #11a OR 11b:

11c. DO YOU COUGH ON MOST DAYS FOR AS MUCH AS 3 MONTHS OF THE YEAR? A) YES B) NO

11d. FOR HOW MANY YEARS HAVE YOU HAD THIS COUGH?

- A) LESS THAN 2 YEARS B) 2-5 YEARS C) 5 OR MORE YEARS

12a. DO YOU USUALLY BRING UP PHLEGM, SPUTUM, OR MUCUS FROM YOUR CHEST FIRST THING IN THE MORNING IN THE BAD WEATHER? A) YES B) NO

12b. DO YOU USUALLY BRING UP PHLEGM, SPUTUM OR MUCUS FROM YOUR CHEST AT OTHER TIMES DURING THE DAY OR NIGHT IN THE BAD WEATHER? A) YES B) NO

IF YES TO 12a OR 12b:

12c. DO YOU BRING UP PHLEGM, SPUTUM OR MUCUS FROM YOUR CHEST ON MOST DAYS FOR AS MUCH AS 3 MONTHS OF THE YEAR? A) YES B) NO

12d. FOR HOW MANY YEARS HAVE YOU RAISED PHLEGM, SPUTUM OR MUCUS FROM YOUR CHEST?

- A) LESS THAN 2 YEARS B) 2-5 YEARS C) MORE THAN 5 YEARS

12e. DURING THE PAST THREE YEARS HAVE YOU HAD PERIODS LASTING AT LEAST 3 WEEKS WHEN YOU HAD MORE COUGH AND PHLEGM THAN USUAL? A) YES B) NO

12f. IF YES, DID YOU HAVE A FEVER? A) YES - HOW HIGH? _____ B) NO

12g. IF YES, DID YOU MISS ANY WORKING DAYS DUE TO THIS ILLNESS? A) YES B) NO

12h. IF YES, HOW MANY DAYS? _____

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13. DOES YOUR BREATHING EVER SOUND WHEEZY OR WHISTLING? A) YES B) NO
14. HAVE YOU EVER HAD ATTACKS OF SHORTNESS OF BREATH WITH WHEEZING? A) YES B) NO
15. ARE YOU TROUBLED BY SHORTNESS OF BREATH WHEN HURRYING ON LEVEL GROUND OR WALKING UP A SLIGHT HILL? A) YES B) NO
16. DO YOU GET SHORT OF BREATH WALKING WITH OTHER PEOPLE OF YOUR OWN AGE ON LEVEL GROUND? A) YES B) NO
17. DO YOU HAVE BREATHING DIFFICULTY NOT RELATED TO EXERCISE? A) YES B) NO
18. IF YES, WHEN? A) DON'T KNOW B) _____
19. DOES THE SMOG AFFECT YOUR BREATHING? A) YES B) NO
20. DURING THE PAST 3 YEARS, HOW MUCH TROUBLE HAVE YOU HAD WITH ILLNESSES SUCH AS CHEST COLDS, BRONCHITIS, OR PNEUMONIA?
 none 1 2 3 4 5 great deal
21. DURING THE PAST 3 YEARS, HOW OFTEN WERE YOU UNABLE TO DO YOUR USUAL ACTIVITIES BECAUSE OF ILLNESSES SUCH AS CHEST COLDS, BRONCHITIS, OR PNEUMONIA?
 A) ONE TIME B) 2-5 TIMES C) MORE THAN 5 TIMES
22. DO YOU THINK YOU HAVE EVER HAD ANY OF THESE CHEST DISORDERS - ASTHMA, ANY KIND OF BRONCHIAL TROUBLE, OR EMPHYSEMA? A) YES B) NO C) DON'T KNOW
23. HAS A DOCTOR EVER TOLD YOU THAT YOU HAD ASTHMA, SOME KIND OF BRONCHIAL TROUBLE, OR EMPHYSEMA? A) YES B) NO
24. HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OR HAD ANY OF THESE ILLNESSES?
 (CIRCLE ALL THAT APPLY) A) TUBERCULOSIS B) BRONCHIECTASIS
 C) BRONCHIOLITIS D) HAY FEVER E) CYSTIC FIBROSIS
 F) INDUSTRIAL LUNG DISEASE (LIKE SILICOSIS, ASBESTOSIS, DUST DISEASE, ETC.)
 G) COCCIDIOIDOMYCOSIS (COCCI OR VALLEY FEVER) H) HISTOPLASMOSIS
 I) ULCER (STOMACH OR DUODENAL) J) LIVER DISEASE (CIRRHOSIS, HEPATITIS)
 K) DIABETES L) HEART TROUBLE M) HIGH BLOOD PRESSURE
25. PLEASE SUPPLY NAMES AND ADDRESSES OF DOCTORS (OR HOSPITALS) VISITED FOR THESE ILLNESSES AND DATE OF VISIT. HAVE YOU HAD A CHEST X-RAY IN THE PAST?

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26. DO YOU NOW SMOKE CIGARETTES REGULARLY, OCCASIONALLY, OR NEVER? A) REGULARLY

B) OCCASIONALLY (USUALLY LESS THAN 1 EACH DAY) SKIP TO #27

C) NEVER - SKIP TO #27

IF YOU SMOKE REGULARLY NOW: (IF YOU DO NOT USUALLY SMOKE AT LEAST ONE CIGARETTE EACH DAY, SKIP TO #27)

a) DO YOU INHALE? 1) YES 2) NO

b) DO YOU SMOKE CIGARETTES WITH FILTERS OR WITHOUT FILTERS?

1) WITH FILTERS 2) WITHOUT FILTERS 3) BOTH WITH & WITHOUT FILTERS

c) HOW MANY CIGARETTES DO YOU USUALLY SMOKE EACH DAY AT THE PRESENT TIME?

NUMBER PER DAY

d) HOW OLD WERE YOU WHEN YOU BEGAN TO SMOKE CIGARETTES? AGE

e) WHAT IS THE USUAL NUMBER OF CIGARETTES YOU HAVE SMOKED PER DAY SINCE YOU BEGAN TO SMOKE? (PLEASE GIVE BEST ESTIMATE. ONE PACK CONTAINS 20 CIGARETTES.)

NUMBER PER DAY

f) DO YOU OR DID YOU INHALE CIGARETTES? 1) YES 2) NO

g) IF YES, HOW DEEPLY? 1) VERY DEEP 2) SOME 3) LITTLE

h) IF YES, HOW MUCH OF THE CIGARETTE DO YOU INHALE? 1) MOST

2) ABOUT HALF 3) LITTLE

SKIP TO #28. (ANSWER #27 ONLY IF YOU DO NOT SMOKE REGULARLY NOW.)

27. IF YOU DO NOT SMOKE CIGARETTES NOW, DID YOU EVER SMOKE THEM REGULARLY OR OCCASIONALLY?

A) REGULARLY B) OCCASIONALLY (USUALLY LESS THAN 1 PER DAY)-SKIP TO #28

C) NEVER SMOKED CIGARETTES - SKIP TO #28

IF YOU DO NOT SMOKE CIGARETTES REGULARLY NOW BUT USED TO SMOKE THEM: (IF YOU HAVE NEVER SMOKED 1 CIGARETTE OR MORE EACH DAY, SKIP TO #28)

a) WHAT WAS THE USUAL NUMBER OF CIGARETTES YOU SMOKED PER DAY?

b) DID YOU INHALE? 1) YES 2) NO

c) HOW OLD WERE YOU WHEN YOU BEGAN TO SMOKE CIGARETTES? AGE

d) HOW OLD WERE YOU WHEN YOU STOPPED SMOKING CIGARETTES REGULARLY? AGE

e) WERE YOU INFLUENCED TO STOP BECAUSE YOU HAD A COUGH, WHEEZING, OR SHORTNESS OF BREATH? 1) YES 2) NO

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28. DO YOU NOW SMOKE PIPES OR CIGARS REGULARLY, OCCASIONALLY, OR NEVER? A) REGULARLY

B) OCCASIONALLY (USUALLY LESS THAN 1 PER DAY) - SKIP TO #29

C) NEVER - SKIP TO #29

IF YOU SMOKE PIPES OR CIGARS REGULARLY NOW: (IF YOU DO NOT USUALLY SMOKE AT LEAST 1 CIGAR OR PIPEFUL EACH DAY, SKIP TO #29)

a) HOW MANY PIPEFULS OR CIGARS DO YOU USUALLY SMOKE EACH DAY? _____

b) HOW OLD WERE YOU WHEN YOU FIRST SMOKED PIPES OR CIGARS? _____ AGE

c) DO YOU USUALLY INHALE WHEN YOU SMOKE EITHER PIPES OR CIGARS? 1) YES

2) NO SKIP TO #30

(ANSWER #29 ONLY IF YOU DO NOT SMOKE PIPES OR CIGARS REGULARLY NOW)

29. IF YOU DO NOT SMOKE CIGARS OR PIPES NOW, DID YOU EVER SMOKE THEM REGULARLY OR

OCCASIONALLY? A) REGULARLY B) OCCASIONALLY (USUALLY LESS THAN 1 EACH DAY)

C) NEVER - SKIP TO #30.

a) HOW MANY PIPEFULS OR CIGARS DID YOU USUALLY SMOKE EACH DAY? _____

b) HOW OLD WERE YOU WHEN YOU FIRST SMOKED PIPES OR CIGARS? _____ AGE

c) HOW OLD WERE YOU WHEN YOU STOPPED SMOKING PIPES OR CIGARS? _____ AGE

d) DID YOU USUALLY INHALE WHEN YOU SMOKED EITHER PIPES OR CIGARS?

1) YES

2) NO

30. DO YOU DRINK ANY ALCOHOLIC BEVERAGES?

A) YES

B) NO

IF YES: a) HOW MANY GLASSES OF BEER PER WEEK? _____ GLASSES

b) HOW MANY GLASSES OF WINE PER WEEK? _____ GLASSES

c) HOW MUCH HARD LIQUOR PER WEEK? _____ SHOTS OR _____ PINTS

31. DID YOU EVER DRINK MORE HEAVILY THAN YOU DO NOW?

A) YES

B) NO

32. DO YOU NOW USE ANY MEDICINES OR DRUGS?

A) YES

B) NO

33. IF YES, LIST THEM (KIND OF MEDICINE AND DOSE)

BRONCHODILATOR _____

EXPECTORANT _____

CORTISONE _____

ANTIBIOTIC _____

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DIGITALIS _____

IPPB _____

BIRTH CONTROL PILL, THE PILL _____

ESTROGEN, FEMALE HORMONE _____

INTRAVENOUS DRUGS _____

OTHER (KIND & DOSE) _____

34. WHAT PART OF THE WORLD DID YOU OR YOUR PARENTS OR THEIR ANCESTORS COME FROM?

(CIRCLE ALL APPROPRIATE ANSWERS)

A) FAMILY LIVED IN 'MERICA AS FAR BACK AS KNOWN

B) AMERICAN INDIAN, ESKIMO

C) SCANDINAVIA

D) BRITISH ISLES

E) FRANCE, BELGIUM OR HOLLAND

F) SPAIN

G) ITALY, GREECE

H) MIDDLE EUROPE

I) RUSSIA

J) INDIA, CHINA, SOUTHEAST ASIA,
OR

K) NEAR AND MIDDLE EAST, INCLUDING JEWS

PACIFIC ISLES

L) NORTH AFRICA

M) MID AND SOUTH AFRICA

N) OTHER

C. RACIAL BACKGROUND?

A) WHITE

B) BLACK

C) BROWN

D) YELLOW

E) RED

F) OTHER

36. HOW MANY BROTHERS DO YOU OR DID YOU HAVE? LIVING _____ DEAD _____

37. HOW MANY SISTERS DO YOU OR DID YOU HAVE? LIVING _____ DEAD _____

38. HOW MANY SONS DO YOU OR DID YOU HAVE? LIVING _____ DEAD _____

39. HOW MANY DAUGHTERS DO YOU OR DID YOU HAVE? LIVING _____ DEAD _____

40. HOW MANY GRANDSONS DO YOU OR DID YOU HAVE? LIVING _____ DEAD _____

41. HOW MANY GRANDDAUGHTERS DO YOU OR DID YOU HAVE? LIVING _____ DEAD _____

42. HOW MANY UNCLES ON YOUR FATHER'S SIDE? LIVING _____ DEAD _____

43. HOW MANY AUNTS ON YOUR FATHER'S SIDE? LIVING _____ DEAD _____

44. HOW MANY UNCLES ON YOUR MOTHER'S SIDE? LIVING _____ DEAD _____

45. HOW MANY AUNTS ON YOUR MOTHER'S SIDE? LIVING _____ DEAD _____

46. DO OR DID ANY OF YOUR BLOOD RELATIVES HAVE ANY OF THESE DISEASES?

A) ASTHMA

B) BRONCHITIS

C) EMPHYSEMA

D) TUBERCULOSIS

E) BRONCHIECTASIS

F) BRONCHIOLITIS

G) CYSTIC FIBROSIS

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H) HYALINE MEMBRANE DISEASE (RESPIRATORY DISTRESS OF THE NEWBORN)

I) INDUSTRIAL LUNG DISEASE

J) HAY FEVER

K) ULCER (STOMACH OR

L) LIVER DISEASE

M) DIABETES

DUODENAL

N) HEART TROUBLE

O) HIGH BLOOD PRESSURE

P) LUNG CANCER

Q) MONGOLISM, OR ANY CONGENITAL OR INHERITED DISEASE

47. IF YES, PLEASE LIST WHICH RELATIVE, WHAT DISEASE AND IF THEY ARE LIVING OR DEAD.

48. (FOR WOMAN) DID ANY OF YOUR PREGNANCIES END IN A MISCARRIAGE, STILL BIRTH, OR

ABORTION?

A) YES

B) NO

49. IF YES, HOW MANY? _____

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